

**MEMORANDUM FOR OASD/RA**

**SUBJECT: Request for Approval to Conduct the Following Civil-Military FY03 Training**

**1. Reference: DoD Directive 1100.20 dated January 30, 1997, Subj: Support and Services for Eligible Organizations and Activities Outside the Department of Defense, and OASD/RA Memorandum, Subj: DoD Innovative Readiness training Project Submissions for Fiscal Year 2003**

**2. DoD Civil-Military Innovative Readiness Training (IRT) Program Category:**

a. Engineering/Infrastructure	
b. Medical/Healthcare/Dental and Human Services	
c. Transportation/Other/or Combined (Specify)	

**3. NAME , DESCRIPTION, LOCATION(s) and DATE(s) of project:**

<b>NAME:</b>	
<b>DESCRIPTION:</b>	
<b>LOCATION:</b>	
<b>DATE(S):</b>	

**4. Identify All DoD Service/Component Personnel Participating:**

	Army		Navy		Air Force		Coast Guard
	Army National Guard		Navy Reserve		Air National Guard		Coast Guard Reserve
	Army Reserve		Marine Corps		Air Force Reserve		Marine Corps Reserve

**5. Military Officer Responsible for executing the project:**

Rank/Name:	
Service/Component:	
Office:	
Telephone #:	

**6. Participating Community, Business, Federal or State Government entity:**

Community:	
Type Entity:	
Address:	
Telephone #:	

**7. Civilian Official Requesting Military Assistance/Support: (ATTACH Support Request to Submission)**

Name	
Organization	
Address:	
Telephone #:	

**8. Service/Component Coordination:**

(NOTE: DO NOT forward to OASD/RA for approval without these coordinations)

a. Legal Review	
b. Federal Budget Officer/USPFO	
c. Operations and Training Officer	
d. Medical Corps Officer	
e. State Adjutant General	
f. Inter-governmental (if applicable)	

**9. Certification of Non-competition with other available public and/or private sector agencies: (ATTACH to submission)**

**10. If Applicable: (ATTACH to submission)**

- a. Appropriate Environmental Protection Documentation
- b. Coordination with Army Corps of Engineers
- c. Land Use Agreement

**11. Military healthcare/medical personnel participating in the project:**

- a. How many will participate?
- b. Will they be treating DoD healthcare beneficiaries?
- d. What duties will they perform?

**12. Mission Essential Training Requirements/Objectives (List Individual and/or Unit):**

**13. Funding Requirements:**

**IMPORTANT NOTE: Identify each Service/Component and a Fiscal Point of Contact for IRT funding from OASD/RA**

**a. Service/Component Contribution:**

(1) Lead Military Agent

(a) O&M		(b) MP&A/RP&A		Total:	
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**b. Participating Service/Component Contribution:** (Use an additional sheet to list more for (b) (c) and (d))

(1)

(a) O&M		(b) MP&A/RP&A		Total:	
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(2)

(a) O&M		(b) MP&A/RP&A		Total:	
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**c. Requested Additional/Incremental Funding from OASD/RA:**

(1) Lead Military Agent:

(a) O&M		(b) MP&A/RP&A		Total:	
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(2) Participating Service/Component (1):

(a) O&M		(b) MP&A/RP&A		Total:	
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(3) Participating Service/Component (2):

(a) O&M		(b) MP&A/RP&A		Total:	
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e. **Points of Contact by Organization to receive funds from OSD :**

(1) POC:		Telephone #:	
(2) POC:		Telephone #:	
(3) POC:		Telephone #:	

**14. Authorization. All requirements have been met in accordance with the IRT submission package guidelines and DoD Directive 1100.20 dated January 30, 1997. There is no significant increase in training cost to conduct this project.**

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**Signature of General/Flag Level Commander      Date**